

KENTUCKY WASTEWATER PROJECT PROFILE

1. Project Title (use title which will be identifiable by local community):

2. Project Description:

Provide a brief narrative denoting if project relates to source, distribution, treatment, storage or other)

Project Descriptor:

WRIS Project Number (PNUM): *

*This number is assigned by an ADD through the respective Area Water Management Planning Council once the project profile is approved by the Council. This number ties each project to mapped/spatial information in the Water Resource Information System (WRIS). Project profiles without this number AND the required corresponding mapped/spatial information will NOT be accepted.

Project County:

Is it a multi-county project: Yes No

Project Submitted By:

If wastewater project, KPDES#(s):

Available:

KY0002801
KY0020001
KY0020010
KY0020036
KY0020044
KY0020061
KY0020079
KY0020087
KY0020095
KY0020117

Include >

< Remove

Selected:

None Selected..

If wastewater collection project, KIMOP#(s)

Available:

KYP000015
KYP000032
KYP000034
KYP000035
KYP000036
KYP000037
KYP000038
KYP000039
KYP000040
KYP000041

Include >

< Remove

Selected:

None Selected..

3. [Legal Applicant](#)

Legal Applicant:

Wastewater Utility which will own proposed improvements:
(if different from Legal Applicant)

Organizational Structure:

Authorized Official Information

First Name: Last Name: M.I.:

Title:

Street Address Line 1:

Street Address Line 2:

P.O. Box:

City: State: Zip:

County:

Telephone: Ext:

Fax:

Email:

Contact Person Information

First Name: Last Name: M.I.:
Title:
Street Address Line 1:
Street Address Line 2:
P.O. Box:
City: State: Zip:
County:
Telephone: Ext:
Fax:
Email:

Project Administrator Information

First Name: Last Name: M.I.:
Title:
Street Address Line 1:
Street Address Line 2:
P.O. Box:
City: State: Zip:
County:
Telephone: Ext:
Fax:
Email:

Consulting Engineer Information

First Name: Last Name: M.I.:
Firm:
Street Address Line 1:
Street Address Line 2:
P.O. Box:
City: State: Zip:
County:
Telephone: Ext:
Fax:
Email:

4. [Project Type \(check all that apply\):](#)

Facilities Planning
Sewer System Evaluation Survey Report
Design
Construction
Management

5. Project Alternatives: Please list a minimum of three:

- a.
- b.
- c.

6. Special Impact(s) of Proposed Wastewater Project:

- a. New service/improve service to unserved underserved households
- b. Number of new jobs: Number of retained jobs:
- c. Other beneficial technical, managerial, fiscal impacts: (20 words or less)

- d. Does proposed activity relate to public health protection emergency: Yes No
- e. Does project involve regionalization: Yes No
- f. Number of systems affected/involved:

7. Median Household Income of Service Area:\$ 8. Project Start Schedule:

Years 0-2 Years 3-10 Years 11-20

9. Estimated Funding Sources:Estimated Local Funding Amount \$ Estimated Other Funding Amount (all sources) \$ Total Estimated Project Cost \$ **10. Project Data - Wastewater (complete all items which apply to this discrete project)**

- a. Is project related to modifications to treatment plant? Yes No
Current design treatment capacity MGD
Current treatment volume MGD
Treatment design capacity after project MGD
- b. Is project related to new collector sewer construction? Yes No
Total linear feet
- c. Is project related to new interceptor sewer construction? Yes No
Total linear feet
- d. Is project related to sewer rehab? Yes No
Total linear feet

e. Number of lift stations required

f. Management (describe)

g. Does your agency currently provide sewer service Yes No

TABLE 1: COST

Category							
Secondary Treatment	Advanced Treatment	I/I Removal	Sewer Rehab	Collector Sewers	Interceptor Sewers	Combined Sewer Overflows	NPS Urban
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Estimated Project Cost: \$ Allocated: \$ Remaining Funds: \$ **TABLE 2: NEEDS****Public Health Concerns
as a results of this Project**

Number of Raw Sewage Discharges Eliminated	Number of Failing Septic Systems Eliminated	Septic Systems to be Eliminated	Total No. of WWTPs to be Eliminated	Total Average Design Flow from Eliminated WWTPs (MGD)
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
KPDES No.	Name of Plant Eliminated		Average Design Flow (MGD)	
<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="0"/>	
<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="0"/>	
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<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="0"/>	
<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="0"/>	
<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="0"/>	

 Date Project was approved by the Area Water Management Planning Council: